

L550
Form 990-EZ

2017

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.Open to Public
Inspection

A For the 2017 calendar year, or tax year beginning		January 1	, 2017, and ending	December 31	, 2017
B Check if applicable	C Name of organization			D Employer identification number	
<input type="checkbox"/> Address change	Balanced Budget Amendment, Inc.			27-1351108	
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)			E Room/suite	Telephone number
<input type="checkbox"/> Initial return	2740 SW Martin Downs Blvd #235			772-781-5559	
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code			F Group Exemption Number ►	
<input checked="" type="checkbox"/> Amended return	Palm City, FL 34990				
<input type="checkbox"/> Application pending					
G Accounting Method:	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►		
I Website: ►	www.bba4usa.org				
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) (4) ▲ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 17,245

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

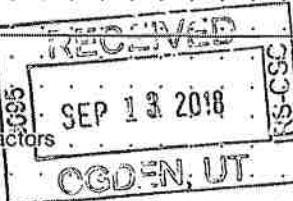
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 17,245
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
	c Less: direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
	7a Gross sales of inventory, less returns and allowances	7a
	b Less: cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 17,245
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 1,252
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 6,056
	16 Other expenses (describe in Schedule O)	16 13,617
	17 Total expenses. Add lines 10 through 16	17 20,925
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -3,680
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 -284,990
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 294,983
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 6,313

For Paperwork Reduction Act Notice, see the separate Instructions.

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Form 990-EZ (2017)



Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule Q to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	9,993	22 6,313
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	9,993	25 6,313
26 Total liabilities (describe in Schedule O)	-294,983	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-284,990	27 6,313

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule Q to respond to any question in this Part III.

What is the organization's primary exempt purpose?

*Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations, optional for
others.)

- | | | | |
|----|--|-----|--------|
| 28 | Conceived and encouraged convening a convention of states for the limited purpose of creating rules of procedure for a future convention for proposing a Balanced Budget Amendment which was subsequently called by Arizona legislature September 12, 2017, which was the first national convention of states since 1861
(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> | 28a | 12,000 |
| 29 | Designed and printed materials which educated legislators on the dangers of the growing national debt and the procedures for a convention for proposing a balanced budget amendment

(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> | 29a | 6,000 |
| 30 | Assisted in the passage by the legislatures of Arizona and Wyoming of a resolution to convene a convention to propose a Balanced Budget Amendment bringing the total to 28 of the necessary 34 states to convene the amendment convention
(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> | 30a | 2,000 |
| 31 | Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) . . . ► <input type="checkbox"/> | 32 | 20,000 |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

- Attach to Form 990 or 990-EZ.
- Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

Balanced Budget Amendment, Inc

Employer identification number

27-1351108

Line 16. Virtually all expenses were for the travel of volunteers to ID, WY, NV, AZ, WY, TN and specific events to lobby for passage of the BBA Convention resolution, to educate legislators on the need for the resolution, to plan and attend the Arizona BBA Planning Convention which convened September 12, 2017

Sch L Part II. William Fruth has forgiven any monies owed for personal expenses

Sch L Part II. POLICOM Corporation, owned by William H. Fruth, Director has forgiven any unpaid invoices from 2010 through 2017

Line 20 and Line 26. The Board of Directors determined that previously reported liabilities in the amount of \$294,983 were not legal financial obligations of the Corporation. Dating to 2010, the liabilities principally included unreimbursed expenses by volunteers or principals of the Corporation for which reimbursement was at the discretion of the Board and not required by the Corporation. Additionally, all loans made to the Corporation were "non-course, no-interest" loans (in lieu of a donation) for which the Corporation has no legal obligation to repay. Since none of the \$294,983 previously reported are true "liabilities," but simply an accounting of expenses by others, they will no longer be reported as such in order to provide a more accurate financial statement of the Corporation

SCHEDULE L
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Transactions With Interested Persons**

OMB No. 1545-0047

2017**Open To Public
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► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

Balanced Budget Amendment, Inc

27-1351108

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ► \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ► \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
						To	From	Yes	No	Yes	No
(1) William H Fruth	Director	Expenses	✓	4,616	0			✓	✓		✓
(2) POLICOM Corp	Controlled Ent	Payables	✓	131,836	0			✓	✓		✓
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
Total					\$ 0						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 50056A

Schedule L (Form 990 or 990-EZ) 2017

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b If "Yes," was the related organization a section 527 organization?	49b	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	<i>WILLIAM H. FRUTH</i>	<i>9-5-18</i>
	Signature of officer	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no.	

May the IRS discuss this return with the preparer shown above? See Instructions ► Yes No

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

- 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33
- 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34
- 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a
- b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b
- c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c
- 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36
- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a
- b Did the organization file Form 1120-POL for this year? 37b
- 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a
- b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b
- 39 Section 501(c)(7) organizations. Enter:
- a Initiation fees and capital contributions included on line 9 39a
- b Gross receipts, included on line 9, for public use of club facilities 39b
- 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ► 40a
- b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b
- c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c
- d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d
- e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e

41 List the states with which a copy of this return is filed ►

42a The organization's books are in care of ►

Telephone no. ►

ZIP + 4 ►

Located at ►

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the United States?

If "Yes," enter the name of the foreign country: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b

	Yes	No
33	<input checked="" type="checkbox"/>	
34	<input checked="" type="checkbox"/>	
35a	<input checked="" type="checkbox"/>	
35b	<input checked="" type="checkbox"/>	
35c	<input checked="" type="checkbox"/>	
36	<input checked="" type="checkbox"/>	
37a	<input checked="" type="checkbox"/>	
37b	<input checked="" type="checkbox"/>	
38a	<input checked="" type="checkbox"/>	
38b	<input checked="" type="checkbox"/>	
39a	<input checked="" type="checkbox"/>	
39b	<input checked="" type="checkbox"/>	
40a	<input checked="" type="checkbox"/>	
40b	<input checked="" type="checkbox"/>	
40c	<input checked="" type="checkbox"/>	
40d	<input checked="" type="checkbox"/>	
40e	<input checked="" type="checkbox"/>	
42a	<input checked="" type="checkbox"/>	
42b	<input checked="" type="checkbox"/>	
42c	<input checked="" type="checkbox"/>	
43	<input checked="" type="checkbox"/>	
44a	<input checked="" type="checkbox"/>	
44b	<input checked="" type="checkbox"/>	
44c	<input checked="" type="checkbox"/>	
44d	<input checked="" type="checkbox"/>	
45a	<input checked="" type="checkbox"/>	
45b	<input checked="" type="checkbox"/>	